

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38078
Registrar's No. 9683

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Enroute to City Hospital #1. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME ROBERT LEE ELGIN Jr.
3. (b) If veteran, name war WW 2 3. (c) Social Security No.

4. Sex M 11 5. Color or race W 6. (a) Single, widowed, married, divorced S 11
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 31, 1931 (Month) (Day) (Year)

8. AGE: Years 17 Months 3 Days 6 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation un-employed

11. Industry or business

MOTHER FATHER { 12. Name Robert Elgin
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Esther Ward
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Robert Elgin
(b) Address 1000a Hickory Street

17. (a) burial (b) Date thereof 11-9-48 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) NOV 2 1948 J. B. Fester (Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9
(d) Street No. 1000a Hickory Street (If rural, give location) 11
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

MEDICAL CERTIFICATION:
20. DATE OF DEATH: Month November day 7th
year 1948 hour 12:55 minute 4 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound of skull + brain self inflicted at his home
Due to Nov 7, 1948 at about 12:55 A.M.
Due to

Other conditions (include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence Nov 7 1948
(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In home

While at work? no (Specify type of place) (e) Means of injury about E. J. Taylor

23. Signature of J. B. Fester (M. D. or other) 11/9/48
Address

8896

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

L R Cooper

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette a*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

318

Primary Registration District No.

1003

Registrar's No. 9683

1. PLACE OF DEATH:

- (a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Everette to City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether

In this community
years, months or days3. (a) PRINT
FULL NAMERobert Lee Elgin, Jr.

3. (b) If veteran, (c) Social Security
name war (World War II) No.

4. Sex 5. Color or race 6. (a) Single, widowed, married,
divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased July - 31 - 1931
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

- MOTHER FATHER { 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

- (b) Address

17. (a) (b) Date thereof (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (b) J. B. Lasater
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 221000 1/2 Hickory
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Year 1948 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1948 to 1948;
that I last saw him alive on Nov 23 and that death occurred on the date and hour stated above.
Immediate cause of death

Duration

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

NOV 23 1948

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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